

FOSTER CARE REVIEW OFFICE
Application to Serve as a Volunteer on a Local Review Board

Per Neb. Rev Stat. §43-1304, "A person employed by the Office, the Department of Health and Human Services, a child-caring agency, a child-placing agency, or a court shall not be appointed to a local board". This includes persons employed by a contractor or sub contractor of the above noted entities.

Name _____

Home Address _____ City _____ ZIP _____ Home Phone _____

Email Address _____ Cell Phone _____

Occupation/Professional Background _____

Occupation Address (if applicable) _____ ZIP _____ Business Phone _____

I am available for <u>training</u> on the following (check all that apply)					I am available to <u>serve on a Board</u> that meets on the following (check all that apply)			
Day	Morning	Afternoon	Evening		Day	Morning	Afternoon	Evening
Mon.					Mon.			
Tues.					Tues.			
Wed.					Wed.			
Thurs.					Thurs.			
Fri.					Fri.			
Sat.			NA		Sat.			NA

Regular exceptions to the above schedule: _____

I am interested in serving on a local board in (City/Town) _____

Neb. Rev. Stat. §43-1304 states: "The members of the local board shall reasonably represent the various social, economic, racial, and ethnic groups of the county or counties from which its members may be appointed." In order to comply with the Act, please answer the following:

Your age: 19-30 _____ Family income: \$ 4,000-10,000 _____
 31-45 _____ \$11,000-20,000 _____
 46-64 _____ \$21,000-39,000 _____
 65+ _____ \$40,000 - above _____

Race: (Circle all Applicable) Caucasian Black Hispanic Indian Asian Other

Gender: Male _____ Female _____

Marital status: _____ Number of children _____

Continued on the back...

I am presently a foster or adoptive parent (*this is not a requirement*): Yes ____ No ____

Please indicate any potential conflicts of interest that you might have that the FCRO should be aware of. (Use an additional sheet if more room is needed).

Please list current and past volunteer activities (use an additional sheet if more room is needed).

Please list the name, address, phone number and **email address** (*preferred*) of two references.

1. _____

2. _____

Please write a short paragraph to explain why you would like to serve on a local review board.

Foster Care Review Office
521 S. 14th Street, Suite 401
Lincoln, NE 68508-2707 - (402) 471-4420
Fax: 402-471-4437
Email: fcro.contact@nebraska.gov

FOR OFFICE USE ONLY:

Dates Documents Received _____

Application _____ Background Check _____ Confidentiality Statement _____

Training Completed: Three Parts:

Part I _____ Part II _____ Part III - Observe Board Meeting _____

Date appointed _____ Board Assigned _____